

MAY 14 2008

(P)

RECEIVEDUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISIONMAY 14 2008 *aw*
MAY 14 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTDavid Fuentes,Corey Frazier,(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

08CV2789

JUDGE MANNING

(MAG. JUDGE NOLAN

COOK COUNTY SHERIFF TOM DART,C.C.D.O.C. DIRECTOR GORDINES,SUPERINTENDANT (S) SALAZAR,SNOOKS(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s): # 1

- A. Name: DAVID I. FUENTES
- B. List all aliases: _____
- C. Prisoner identification number: 2007-00-85000
- D. Place of present confinement: DIVISION 5 TIER 2 F COOK COUNTY JAIL
- E. Address: 2700 S. CALIFORNIA

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- ☒ Defendant: THOMAS SNOOKS
- Title: C.C.D.O.C. SUPERINTENDANT
- Place of Employment: COOK COUNTY
- ☒ Defendant: _____
- Title: _____
- Place of Employment: _____
- ☒ Defendant: _____
- Title: _____
- Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

I. Plaintiff(s):

- A. Name: David Fuentes
- B. List all aliases: _____
- C. Prisoner identification number: 2007-00-85000
- D. Place of present confinement: COOK COUNTY DEPT. OF CORR.
- E. Address: 2700 So. California Ave.

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Sheriff TOM DART
 Title: COOK COUNTY SHERIFF
 Place of Employment: COOK COUNTY
- B. Defendant: GORDINES
 Title: COOK COUNTY DEPT. OF CORR. DIRECTOR
 Place of Employment: COOK COUNTY
- C. Defendant: SALAZAR
 Title: COOK COUNTY DEPT. OF CORR. SUPERINTENDENT
 Place of Employment: COOK COUNTY

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: N/Known
- B. Approximate date of filing lawsuit: ~~N/Known~~ June of 2006
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: ~~DAVID~~ Fuentes
- D. List all defendants: COOK COUNTY DEPT. OF CORR. SHERIFF
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): COOK COUNTY COURT OF CLAIMS
- F. Name of judge to whom case was assigned: N/KNOWN
- G. Basic claim made: Property missing from Cook County Dept. of Corr.
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/KNOWN
- I. Approximate date of disposition: N/KNOWN

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

#1 related claims. EXHIBIT #1

I arrived to Cook County Jail November 10th, 2007. On November 27th 2007 I was transfered from Division 5 tier 2A to Division 9 tier 3C (Workers dock). Around February 5th, 2008 I had to live in a cell that had a "Toilet work order" and that during my 3 1/2 weeks stay in that cell it was never fix. It was very stressful to live in that cell because I have to constantly squeeze towels and sheets that were issued for personal use due to the flooding caused by flushing the toilet. I brought the issue to officer Phillips my 90 day wing officer, to Superintendent Salazar and officer Norwood and I was given the answer that it was going to be taken care of. This never happen during my stay in that cell.

#2 related claim. EXHIBIT #2 and exhibit 2(A)

→ On March 30th 2008 I was moved to Division 5 tier (2F) to cell upper 3. While living on this cell I filed a grievance because the ceiling was worn away and it had two open holes. (I filed a grievance because I didn't want to get blamed for Damaging or altering C.C.D.O.C. Property) Since I had the top bunk even though "I had been order per the Doctor to sleep on the bottom bunk for medical reasons" my officer disregard such an order. *(This happen on March 30th 2008 upon my arriva to (2F))*

As a result of this, one of the holes was directly on top of my bunk making me vulnerable to roaches that came out and parade around the ceiling. Also debris kept falling on top of me and my bunk. I have a hard time trying to fall asleep and to live in this cell due to asbestos particles flying around inside my cell. My Social Worker MacFarland had knowledge about this matter. My selly Paul Manning ^{IO#} 20080009155 had live in this cell for what I believe 30 days. "The problem had been there for quite some time?"

On April 8th, 2008 I was told by an officer (of whom I don't recall his name) on second shift to move two cells down "upper 5 cell" on the same tier (2F) Division 5. While on this cell I became aware that neither the ventilation or sink worked.

On April 25th, 2008 for unrelated reasons I ignore, half of our wing was move to different wings on division 5. I was re-located on (2M). Upon entering my cell the same issues are present that the ventilation blows extremely cold air and the sink don't work. / On April 29th, 2008 Superintendent Thomas Snooks put the tier on "lock-down" because someone broke the "tv" and due to this incident we don't have water in our tier nor running water in the showers.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like this Court to virtually assured me that this attitude
and practices by Cook County officials doesn't go unresolved and
to hold liable the parties in this complaint. Please look
into this matter so that others would not experience the same.
This attitude is unfair unreasonable and inadequate.
THAT INJUNCTIVE RELIEF BE GRANTED

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this April day of 28th, 20 08

David Fuentes

(Signature of plaintiff or plaintiffs)

David Fuentes

(Print name)

2007-00-85000

(I.D. Number)

P.O. Box 089002

Chgo, Illinois

60608

(Address)

I. Plaintiff(s):#2

- A. Name: Corey Frazier
- B. List all aliases: _____
- C. Prisoner identification number: 2007-00-95580
- D. Place of present confinement: 2700 So. California Ave. C.C.D.O.C.
- E. Address: 2700 South California, Chgo. IL 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: TOM DART
 Title: COOK COUNTY SHERIFF
 Place of Employment: COOK COUNTY DEPT. OF CORR.
- B. Defendant: Gardinez
 Title: DIRECTOR C.C.D.O.C.
 Place of Employment: C.C.D.O.C.
- C. Defendant: thomas Snooks
 Title: SUPERINTENDANT
 Place of Employment: C.C.D.O.C. Division 5

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: Ø
- B. Approximate date of filing lawsuit: Ø
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: Ø
- D. List all defendants: Ø
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Ø
- F. Name of judge to whom case was assigned: Ø
- G. Basic claim made: Ø
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): Ø
- I. Approximate date of disposition: Ø

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I arrive to Cook County Dept. of Corr. December 26th, 2007 -
 I was assign to Division 5 tier (2F) to gallery upper 11 -
 which had no running hot water. I took the matter to
 my correctional officer % Rentas on 1st shift at the time
 his response was the plumber will come around sometime
 that day. That time has yet not come. I then turned a grievance
 form to my Social Worker Mac Farland on April 22nd, 2008.
 It has been 4 months to me living like this everyday.
 I still have no adequate running ^{hot} water just cold water with
 high pressure that shoots from the sink. How am I to
 live and prepare for each day with a soil face and hands.
 We need hot water to do whats necessary. This attitude
 is unfair, unreasonable and inadequate. / On April 29th 2008 -
 Superintendent Thomas Smoot put (2M) tier on lock-down. As
 a result I ~~can~~ refrain from taking showers cause we don't have
 running water. It's been a week without water on this tier.
 Someone needs to look into this.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like this court to virtually assured me that this attitude and practices by Cook County Dept. of Correct doesn't go unresolved and to hold liable the Cook County Sheriff's for wanton and willful situation. I did what I could to bring this to their attention, to no avail. They knowingly and willfully never resolved this situation nor arrange for me a better living standard cell. *THAT INJUNCTIVE RELIEF BE GRANTED*

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this April day of 28, 2008

Cora Frazier
(Signature of plaintiff or plaintiffs)

Cora Frazier
(Print name)

20070095580
(I.D. Number)

1018th Linden Bellwood IL 60168
(Address)

Please Print Information

* EXHIBIT #1

04POPA01DS

SECTION I - DISCIPLINE REPORT		Division: <u>TH</u>	Date of Infraction: <u>02/29/08</u>
Detainee's Name: <u>Fuentes, David</u>		ID: <u>2007 0055000</u>	Date of Birth: <u>10/18/1983</u>
Detainee's Living Unit: <u>3361</u>	Place of Incident: <u>Fire 3-C cell 3361</u>	Time: <u>08:57</u> HRS	
<input checked="" type="checkbox"/> Category I	<input type="checkbox"/> Category II	<input type="checkbox"/> Category III	<input type="checkbox"/> Category IV
<input type="checkbox"/> Category V	<input type="checkbox"/> Category VI		
Description of Charge(s) & Code(s): <u>604 - Possessing paraphernalia (drug)</u> <u>212 - Damaging or altering C.C.D.O.C. property</u>			
Detainee Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name(s): <u>N/A</u>
Staff Injuries: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Medical Attention: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name(s): <u>N/A</u>
Victim Report: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reported to Internal Investigations: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Material Condition Evidence Bag # (attach photocopy of evidence): <u>white substance wrapped in data</u>			
Description of Incident: <u>During search of cell 3361 of Fire 3-C, Officer Combs observed several arrows whose point had been removed or scraped into. Also found was a white substance wrapped in clear plastic. Sergeant Thomas #1085 along with Captain Maguire #14 both notified.</u>			
Disciplinary Report Delivered to Detainee By (Name and Star #): <u>Sgt. P. 5200</u> Date and Time Delivered: <u>2/29/08 13:00</u> HRS			
Detainee's Signature: <u>David Fuentes</u>			

Reporting Employee Signature & Star #:	CCDOC Personnel Who Witnessed Infraction:
<u>C. P. 1342</u>	<u>Off. J. Matthews #9332</u>
Reviewing Supervisor Signature & Star #:	Name and Star (printed):
<u>Sgt. P. 1055</u>	<u>Sgt. A. Thomas #1085</u>
Superintendent or Designee's Signature:	Name and Star (printed):
<u>Capt. P. 14</u>	<u>Maguire 14</u>

SECTION II - DISPOSITION BY DISCIPLINARY HEARING BOARD		Date of Hearing: <u>03/04/08</u>
Detainee Requested Witnesses: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Waive 24 Hr. Notice: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Representative/Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Detainee Witness: <u>D. P.</u>	Living Unit:	Detainee Witness: <u>W. P.</u>
Living Unit:		
Detainee's Plea to Charge: <input type="checkbox"/> Guilty As Charged <input checked="" type="checkbox"/> Not Guilty		
Detainee Status While Awaiting Hearing: <u>50</u>		
Detainee's Statement Regarding Infraction: (Use Continuation Sheet If Necessary)		
<u>It does not belong to me (the substance)</u> <u>the damage was already there. I don't know who did it</u>		
DETAINEE SIGNATURE: <u>David Fuentes</u>		
Testimony of Witnesses: (Use Continuation Sheet If Necessary)		

THIS IS THE FINDING OF THE DISCIPLINARY HEARING BOARD THAT: ("X" APPLICABLE BOX)		
<input checked="" type="checkbox"/> GUILTY AS CHARGED	<input type="checkbox"/> NOT GUILTY	<input type="checkbox"/> INVALID REPORT
<input type="checkbox"/> 72 HOURS EXPIRED	<input type="checkbox"/> 7 DAY EXPIRED	
Disciplinary Hearing Board's Finding is Based On The Following Information:		
<input checked="" type="checkbox"/> DETAINEE REPLY/DISCIPLINARY REPORT <input type="checkbox"/> OTHER <u>N/A</u>		
Disciplinary Hearing Board Recommends The Following Action:		
Start Date of Action: <u>02/29/08</u>	End Date: <u>03/04/08</u>	
Disciplinary Hearing Board Member Signature/Title/Date:	Disciplinary Hearing Board Member Signature/Title/Date:	Disciplinary Hearing Board Member Signature/Title/Date:
<u>C. P. 1342</u>	<u>Off. P. 04/03/08</u>	<u>Off. W. P. 03/04/08</u>
If found guilty of disciplinary charges, you may appeal to the divisional Superintendent. The Superintendent will render a decision in writing within five (5) working days of receiving the appeal.		
White - Disciplinary Hearing Board's Copy		
Pink - Detainee's Copy After Hearing		
Yellow - Superintendent/Divisional File Copy		
Goldenrod - Detainee's Copy Prior to Hearing (notification of Charge(s))		

EXHIBIT #3
EXHIBIT #2Part-A / Control #: X

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS

DETAINEE GRIEVANCE

Detainee Last Name: EXHIBIT #1 FUENTES First Name: DAVID
 ID #: 2007 0085000 Div.: 5 Living Unit: 2 F Date: 4 / 5 / 2008

BRIEF SUMMARY OF THE COMPLAINT: I like to address the fact that on March 30th, 2008 I was moved from Division 9 to Division 5 tier 2-F. I was assigned to cell upper 3 on this same tier (2-F). When I entered this cell I notice that there was already two open holes in the ceiling. It is my responsibility to inform authorities about this matter so that "no" tickets be issued to me for 612 - Damaging or altering C.C.D.O.C. property. The damage was already there. I don't know who did it. I'm on the top bunk in my cell the foundation is weak, debris keeps falling on top of me and the ceiling keeps falling down. Someone needs to look into this before it hurts someone.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

Paul Manning ID# 20080009155, and other detainees prior to my assign to upper 3.
 ACTION THAT YOU ARE REQUESTING:

DETAINEE SIGNATURE: David Fuentes

C.R.W.'S SIGNATURE: _____

DATE C.R.W. RECEIVED: 1 / 1 /

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

EXHIBIT
2 - 2(A)


 CERMAK HEALTH SERVICES OF COOK COUNTY 2800 S. California Ave. Chicago, Illinois 60608 (773) 869-6822		Patient Copy	
Patient <u>Fuentes, David</u>	ID# <u>070085000</u>	Date <u>11-10-07</u>	1
Problem	Location <u>PHIL</u>	Weight	Date of Birth <u>10-31-73</u>
Order (Physician's Signature after last order)		Allergy: <u>CP</u>	
Filled	(1) <u>Paloxin 750 mg 10 BUN X 3W</u>		
Data Entry	(2) <u>Metformin 500mg 10 BUN / 100mg 10</u>		
	(3) <u>it = well 100mg BUN</u>		
FOR INFORMATION ONLY - DO NOT DISPENSE			
DEA / Illinois Lic.#		Physician **PRINT	Time Form 853.01
			Med/Surg <u>1</u> MHS <u>1</u>

EXHIBIT
#3

Part A / Control # X

Referred To

☐ Processed as a request

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name Smith First Name John

ID# 2007 02500 Div 5 Living Unit 1E Date 04/10/2008

SUMMARY OF THE COMPLAINT: I am lodging this complaint because

and I am asking to have the hot water back.

I have no hot water in my room and when I call

the cold water I get it all the time.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

I am asking for a refund of my money.

DETAINEE SIGNATURE: [Signature]

DATE OR W. RECEIVED

Please note: Grievances of the Detainee Discipline Hearing Board shall be processed through the use of a grievance form.
All appeals must be made in writing and filed with the Superintendent.

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDEN ROD COPY - DIVISION/SUPV. OFFICE)

EXHIBIT
3Part-A / Control #: X

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

 Detainee Last Name: David First Name: Fuentes

 ID #: 2007-M-85000 Div.: 5 Living Unit: 2M Date: 4/25/2008

BRIEF SUMMARY OF THE COMPLAINT: Upon entering cell lower 7 coming from tier 2F on unrelating re- placement of cell I noticed that one of the air ventilation screens was missing from lower 7. Both metal plates were missing upon my arrival, the one on my cell (lower 7) and the cell next to mine lower 8. The damage was already there. I don't know who did it. Also, that air sink and toilet don't work. Someone needs to look into this and accomodate our basic living standards. How am I to prepare for my daily routines with a soil face we need hot water and cold water in our cell to do whats necessary. THANK YOU!

 NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Jose Raib # 2008

ACTION THAT YOU ARE REQUESTING:

To have notice of this damage (missing plates), To repair our sink and accomodate me to a working sink cell; repair the ventilation system.

 DETAINEE SIGNATURE: [Signature]

C.R.W.'S SIGNATURE: _____

 DATE C.R.W. RECEIVED: 4/25/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

EXHIBIT
#5

John Howard Association of Illinois

300 West Adams Street, Suite 423 Chicago, IL 60606
Tel. 312-782-1901 Fax. 312-782-1902 www.john-howard.org

April 25, 2008

Mr. David Fuentes
2007-0085000
P.O. Box 089002
Chicago, IL 60608

Dear Mr. Fuentes,

We received your letters dated 4/8/08 and 4/10/08 regarding conditions in Division 5.

When we next visit Cook County Jail we will check out the conditions you describe.

In the meantime you should file a grievance on those conditions.

Sincerely,

Charles A. Fasano, Director
Prisons and Jails Program

A
OF COREY FRAZIERPart-A / Control #: X

Referred To: _____

☐ Processed as a request.**COOK COUNTY DEPARTMENT OF CORRECTIONS
DETAINEE GRIEVANCE**Detainee Last Name: FRAZIER First Name: COREYID #: 2007 - 00-95580 Div.: 5 Living Unit: 2 E Date: 4 / 20 / 2008

BRIEF SUMMARY OF THE COMPLAINT: This complaint is because the cell I'm assign
to upper 11 tier (2E) has the sink broke since I was assigned to this
cell. I do not have hot water running since everytime I push for cold water
(is all I get) it jumps over me. Me and selly only get hot water at the shower
at times the cold water in our sink stays on running non stop. It is hard to live
under this cells because it is already cold and freezing there to also deal with
the fact me and selly got to wait for our chair to be popped and wash our face
and wash our teeth. This situation makes it very stressful and inappropriate for
me and selly to live waiting for our chair to be popped so that we could get
out and take care of our hygiene. The urinals and water at the dayroom are
also broke and we can only get cold water there as well. The only hot
running water is at the shower. I am more need to look into this and fix these
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: problem

ACTION THAT YOU ARE REQUESTING: Social Worker for (2E), officer Reaske 1st Shift wing officerTo fix our sink and turn the hot water back on in our cell, also not to
overbook the urinals and washer at the dayrooms restroom that neil**DETAINEE SIGNATURE:** _____

C.R.W.'S SIGNATURE: _____

DATE C.R.W. RECEIVED: 1 / 1 / 1

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

*EXHIBIT B

OF
COREY FRAZIERPart-A / Control #: X

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Frazier First Name: Corey

ID #: 2007 - 0095580 Div.: 5 Living Unit: 2m Date: 5/7/08

BRIEF SUMMARY OF THE COMPLAINT: On April 29th we were put on lock
down in our tier and because of this our shower was out for
1 week I was moved April 25th from tier (27) where I had filed
a grievance for having the sink in my cell broke ever since
it was assign to that cell (12-2607) After my relocation on tier
2m I basically have the same problems with the sink. I'm
only surviving with ~~hot~~ water and this problem makes it overwhem
difficult to deal with. On the date April 29th Superintendent Thomas
Snooks came to our tier outraged because of a situation had happ
earlier. After He ordered his officer to locked us down in our cells He
demanded to all detainees to clean their cells if they want it to come out. We rai

the issue to him about the problems we having in our cells and basically he gave us th
NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Emilio Cannon 20

0964449 190 Davis first shift C/O Easton 2nd shift 90 Rice 2nd shift
ACTION THAT YOU ARE REQUESTING: To please fix this problems in our cells or Relocate me to
Different cell where cold water and hot water can be use

DETAINEE SIGNATURE: Corey Frazier

C.R.W.'S SIGNATURE: _____

DATE C.R.W. RECEIVED: ____/____/____

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

Page #2
of 2

*EXHIBIT B
OF
COREY T. FRAZIER

Part-A / Control #: X

Referred To: _____

☐ Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Frazier First Name: Corey

ID #: 2007-0045580 Div.: 5 Living Unit: 2m Date: 5/7/08

BRIEF SUMMARY OF THE COMPLAINT: the answer that all we needed was
to pick any garbage we might have in our cells How am I to survive
in my cell with only hot water shooting from the sink I'm always
collecting milk carton to fill with cold water and bring to my cell
to drink we need cold and hot water to do what's necessary.

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT: Emrize Cannon

2007051446 (40 Davis first shift 9/0 Eastern 2nd shift 9/0 Pike 2nd Shift
ACTION THAT YOU ARE REQUESTING: To please fix this problem in our cell or Relocate m
to a Different cell where cold water and hot water can be use

DETAINEE SIGNATURE: Corey Frazier

C.R.W.'S SIGNATURE: _____ DATE C.R.W. RECEIVED: ____/____/____

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.